

CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI CASE NO. _____

Debtor Timothy E. Griggs SS # XXX-XX-5840 Current Monthly Income \$2,931.39
 Joint Debtor Paula D. Griggs SS # XXX-XX-7476 Current Monthly Income \$172.00
 Address 23922 Hwy 14, Macon, MS 39341 No. of Dependents 3
 Telephone No. 662-726-5374 TAX REFUNDS AND EIC FOR DISTRIBUTION: _____

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

(A) Debtor shall pay \$ 300.00 per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @: Tem's Food Market No. 2
101 W. Pearl Street
Macon, MS 39341

(B) Joint Debtor shall pay \$ _____ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @: _____

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full: IRS \$ 1,122.08 @ \$ 24.42 /mo
 State Tax Commission \$ 199.00 @ \$ 4.33 /mo Other \$ _____ @ \$ _____ /mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO: _____

beginning _____ in the amount of \$ _____ per month shall be paid:
 _____ direct _____ through payroll deduction _____ through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO: _____

in the amount of \$ _____ shall be paid \$ _____ per month:
 _____ through payroll deduction _____ through the plan.

HOME MORTGAGE(S)

MTG PMTS TO: _____	BEGINNING	@ \$ _____	() PLAN	() DIRECT
MTG PMTS TO: _____	BEGINNING	@ \$ _____	() PLAN	() DIRECT
MTG PMTS TO: _____	BEGINNING	@ \$ _____	() PLAN	() DIRECT
MTG ARREARS TO: _____	THROUGH	\$ _____	@ \$ _____	/MO*
(*Including interest at _____ %)				
MTG ARREARS TO: _____	THROUGH	\$ _____	@ \$ _____	/MO*
(*Including interest at _____ %)				
MTG ARREARS TO: _____	THROUGH	\$ _____	@ \$ _____	/MO*
(*Including interest at _____ %)				

SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
My Car Lot	99 chev suburban	7,080.	7,080.	7 %	9,244.	154.00
Black's Furniture	household goods	3,000.	1,000.	7 %	1,305.60	22.00
Senter's	household goods	1,150.	600.00	7 %	783.00	13.06
				%		
				%		
				%		
				%		

SPECIAL CLAIMANTS. (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid
Santander Consumer	06 Maxima	20,260.69	abandon and pay 0

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments:

UNSECURED DEBTS totaling approximately \$ 8,342.60 are to be paid in deferred payments to Creditors that have filed claims that are not disallowed: IN FULL or 0 % (PERCENT) MINIMUM.

Total Attorney Fees Charged \$ 2,800.00
 Attorney Fees Previously Paid \$ -0-
 Attorney fees to be paid through the plan \$ 2,800.00

Name/Address/Phone # of Vehicle Insurance Co./Agent
First Acceptance Insurance Company,
 PO Box 23410
 Nashville, MS 37202
 Telephone/Fax 800-321-0899

Attorney for Debtor (Name/Address/Phone # / Email)
Inc. Timothy L. Gowan
 PO Box 401
 Macon, MS 39341
 Telephone/Fax 662-726-2000/662-726-4040
 E-mail Address tlgowan@hotmail.com

DATE: 2-8-11

DEBTOR'S SIGNATURE
 JOINT DEBTOR'S SIGNATURE
 ATTORNEY'S SIGNATURE